

PART B - FEE(S) TRANSMITTAL

| | ADEMARIE | | ith applicable fee(s), | or Fax | Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 | | | |
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| ┖ | APPLICATION NO. FILING DATE FIRST NAME | | AMED INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| | 10/785,496 02/24/2004 | | Roel Van Wouden | | erg | NL000286A | 8586 | |
| | APPLN. TYPE | SMALL ENTITY NO | 1SSUE FEE \$1400 | J4 | S300 | TOTAL FEE(S) DUE \$1700 | DATE DUE 10/18/2005 | |
| | EXAMINER | | ART UNIT | С | ASS-SUBCLASS | 1 | | |
| <u> </u> | ORTIZ CRIADO, JORGE L | | 2655 | | 369-059250 | | | |
| P N | PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | name of a single firm (having as a member a 2 red attorney or agent) and the names of up to rered patent anomeys or agents. If no name is so name will be printed. | | | |
| . te | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the parent. If an assignee is identified below, the document has been filed f recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
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(Rev. 07/05) Approved for use through 04/30/2007.

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